WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Tony Evers, PhD, State Superintendent

Senate Committee on Health
April 6, 2011

Department of Public Instruction Testimony
on 2011 Senate Bill 45

Thank you to Chairperson Vukmir and members of the committee for the opportunity to testify before you today on 2011 Senate Bill 45 (SB 45). My name is Jennifer Kammerud. I am the Legislative Liaison for the Department of Public Instruction. With me today is the department's School Nurse Consultant, Rachel Gallagher. On behalf of State Superintendent Tony Evers, we are here to testify in opposition to SB 45 as the department believes its provisions will harm student health and safety.

This legislation effectively repeals 2009 Wisconsin Act 160, which was originally introduced as 2009 Senate Bill 414 at the department's request.

Act 160 improved the health and safety of students by giving schools clear guidance as to what drugs can be administered to students, the instructions that must accompany those drugs, records that must be kept, the training required for those administering drugs, and the education requirements for school nurses.

The provisions in the act are important given the large number of people in the school setting that may have responsibilities for administering drugs to students. The school nurse to pupil ratio in Wisconsin averages one nurse for every 2,359 pupils while the proportion of students with special health care needs is significant.

Fourteen percent of Wisconsin children have special health care needs and eight percent are affected by asthma. Nationally, we know that diabetes affects one in every 400 to 600 children, that six to eight percent of students have food allergies, one percent seizure disorders, and seven percent attention deficit hyperactivity disorder. Schools must provide all students with chronic health conditions a free and appropriate public education.

Students are taking psychotropic medications, controlled substances, injected, rectal, and nebulized medications and getting drug dosages dependent on clinical situations. Given the scope of health care needs in schools and the high numbers of students to school nurses, it is important that the many staff who are not licensed practitioners have the appropriate training to provide the medications they are being asked to administer. In fact, according to a survey conducted by the Wisconsin Public Health Association, most medication in the school setting is being given by non-health providers, most commonly by secretaries. Act 160 addressed this need by requiring school staff administering drugs to be trained to do so.

The department developed an on-line medication training program and webcasts so that staff at any time can take the units of training they may need depending on what they are being asked to administer. This training is free and over 31,000 school staff have taken advantage of it. Each unit takes 5-10 minutes to complete. However, for safety reasons, the act does require that if someone is doing more invasive procedures that they receive hands-on training from a health care provider.

The department issued emergency rules defining approved training under the act. We know there was significant concern over these rules as they were interpreted to mean that all school staff needed to be trained. That was never the department's intent. You should have a copy of a memo

the department sent out clarifying the rule. The department strongly believes some training is needed given that the majority of medication is being administered by staff with no medical training. This is especially the case with certain medications and invasive procedures, such as injected, inhaled, and rectal medications. We would ask the committee to consider keeping some type of training requirement.

Act 160 also required that drugs, including homeopathic remedies, be officially recognized. It required that nonprescription drug products be provided by parents in the original container with the written instructions of the parent and prescription drugs in the original pharmacy labeled package. This language is needed. A wide array of both traditional and non-traditional medicines is being brought into schools. Schools were being presented with medication in plastic baggies without the identified active ingredient or instructions for administration. While the department understands there have been concerns expressed by school districts over this requirement in regards to the provision of common medications like Tylenol, we believe this can easily be addressed in statute by simply removing the requirement that medication can only be provided by the parent. This would free up schools to provide medication. We would ask the committee to consider amending the bill to do this, as well as keep the definition of drug, drug product, and nonprescription drug product, rather than removing the entire provision.

Prior to Act 160, the law did not address how school staff should respond to requests to administer more than the recommended dose of a nonprescription drug for a student. The act clarified that school staff should only provide more than the recommended dose if the request is accompanied by written approval from the student's health care provider. The department would like to see this provision kept in law. It is critical that school staff administering medication, especially those who have no medical training, be given clear direction on what to do in these situations.

The act also required school districts to keep a record of the administration of each dose, including errors. It is extremely important that all school districts keep this type of record in case multiple people are providing the student with the medication or in the event something happens. Accurate knowledge of what the student was given can be lifesaving. The department does thank the bill's authors for recognizing this and keeping this provision in law.

Additionally, under Act 160, the department was directed to develop administrative rules regarding the qualifications to be a school nurse. SB 45 would repeal that requirement. The department's current rule requires a minimum of a bachelor's degree. This is reflective of current public health nursing requirements, recommendations from the American Academy of Pediatrics and National Association of School Nurses, as well as current practice as 93 percent of school nurses have a bachelor's degree. School nurses are the only health care provider in the building, unlike most other settings in which nurses work. As such, they must independently carry out a wide variety of activities including developing emergency health care plans for individual students, providing group and individual health education, provide consultation, coordinating with community health providers, and developing school health procedures. Four-year degreed nurses are better prepared for such independent duties and have a greater depth and breadth of training in public health, school nursing, and administration that better prepares them for these positions. Frankly, the department has found itself having to provide an inordinate amount of support in the past to help individuals perform in these jobs who only have two years of training.

Parents trust schools with their children. We have an obligation to ensure our schools are as safe as we can make them for students. This bill does not live up to that obligation.

Thank you for the opportunity to testify before you today. We would be happy to answer any questions you may have.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Tony Evers, PhD, State Superintendent

Date: February 2011

To: Public School District Administrators
Private School Administrators

From: Carolyn Stanford Taylor, Assistant State Superintendent
Division for Learning Support: Equity and Advocacy

Re: Statutory changes regarding administration of medication to pupils.

The Wisconsin Department of Public Instruction (DPI) would like to provide some clarification regarding medication training in Wisconsin schools. On March 15, 2010, Wisconsin Act 160 was passed into law revising Wis. Stat. sec. 118.29 or Administration of Drugs to Pupils. This statute authorized DPI to approve medication training.

In accordance with Wis. Stat. sec. 118.29, medication training is only required to be completed by school personnel and volunteers who are authorized in writing by an administrator or principal to administer medications to students. It was never the department's intent to require that all school personnel be trained; only those personnel who are directly assigned the responsibility of administering medications to pupils must receive training. Further, personnel only need training in the specific medications which they are authorized to administer.

A civil liability exemption continues to be available to all school personnel and volunteers who render emergency care to a student, including administration of emergency medications, such as Glucagon and Epinephrine, through the appropriate delivery device to stabilize a student before emergency medical services arrive, regardless of training.

Due to information gathered in the emergency rule process, DPI has proposed some significant changes to the approved medication training. Here are the key elements of the proposed changes:

- School personnel and volunteers authorized by an administrator or principal to administer medications to students during the school day must complete the medication training outlined on the DPI medication training and resource page available at: http://dpi.wi.gov/sspw/medtraining.html.
- School personnel and volunteers authorized by an administrator or principal to administer prescription and nonprescription oral medications to students during school sponsored events held off school grounds or after school hours, medication training shall consist of reading and understanding information on an appropriately labeled package or envelope containing all of the following information:
  - student's name,
  - name of medication,

Date: April 6, 2011
To: Members of the Senate Health Committee
From: Wisconsin Athletic Trainer Association
Re: SB45, administration of medication to pupils

On behalf of the Wisconsin Athletic Trainers Association thank you for the opportunity to voice our opinion regarding SB 45. We would like to commend Sen. Olsen and Rep. Kestell for their authoring of SB 45 which repeals 2009 Wisconsin Act 160. There are three main areas of concern we wish to share regarding 2009 WI Act 160 some components of which remain despite the proposed SB 45:

1. The nature of the school district - LAT relationship
2. The administration and storage of OTC or non-prescription drug products
3. The requirement of an individual to dial 911 following a diabetic or anaphylactic emergency

Athletic trainers (LATs) are unique licensed health care professionals who specialize in the prevention, assessment and evaluation, initial care, treatment and rehabilitation of injuries and illnesses sustained by a physically active population. School-based LATs provide a wide variety of these health care services directly to student athletes. Athletic trainers are onsite for practices, games and conditioning sessions and are often called upon to assist students engaged in other "performance based" extracurricular activities. They frequently are the sole healthcare provider available to students and staff during and after school and weekend hours. While the duties and health care services that LATs provide are consistent among various school districts the nature of their employment arrangement is not.

Some LATs are directly employed by a particular school or district and as such fall under the entirety of this statute as a school employee and a health care professional. However, most school-based LATs are utilized on a contractual basis through an arrangement with an outside entity such as a hospital, clinic or private practice. It is most common in this situation for the LAT to be an employee of the outside institution and not of the school district. The nature of these contracts can vary and may reflect an event-by-event basis or may be an annual contract establishing varying levels of attending service throughout the school year. This "contractual" arrangement is not specified nor acknowledged in the current statute or SB 45. At issue is whether a contracted service provider (health care provider or otherwise) is considered a school employee.

In addition to the competencies, duties and services mentioned previously, it often falls upon the athletic trainer to manage the distribution, proper use and storage of both prescription and non-prescription drug "products" utilized by student athletes. Current law (WI Stat 118.29) makes the functional application of these skills difficult, if not impossible. Athletics often require medical interventions to be delivered on an immediate and sometimes emergent basis. Requiring athletes to provide such items as wound cleansers, antibiotic ointments, sun block or epipens while involved in an athletic contest or practice is simply not realistic. Likewise, asking athletes to provide products that they *think* they *might* need in the future is also unrealistic. Storage is also

SENATE BILL 45/ ASSEMBLY BILL 62

My name is Lori Zinck-Jezwinski and I am a school nurse at Leopold Elementary School in Madison. Prior to working in the schools, I worked in pediatrics at both at St Mary's and UW Hospitals, and at Dean Clinic.

With several exceptions, I believe that ACT 160 establishes clear, consistent, and safe medication practices in our schools. I have many concerns about the proposed SB 45 and AB 62, but I'd like to address the provisions which eliminate: the requirements relating to packaging and labeling prescription and non-prescription drugs; the training requirement; the requirement that a school nurse have a bachelor's degree; and I am confused as to who is able to actually give medication.

According to the US FDA, approximately 1.3 million people are injured annually by medication errors, and up to 98,000 deaths occur per year. Forty-one percent (41%) of these fatalities are related to errors in medication administration, most errors are totally preventable. These errors in administration include:

- incomplete patient information (not knowing about patients' allergies, other medicines they are taking, previous diagnoses, and lab results, for example);
- unavailable drug information (such as lack of up-to-date warnings);
- miscommunication of drug orders, which can involve poor handwriting, confusion between drugs with similar names, misuse of zeroes and decimal points, confusion of metric and other dosing units, and inappropriate abbreviations[7];
- lack of appropriate labeling as a drug is prepared and repackaged into smaller units; and
- environmental factors, such as lighting, heat, noise, and interruptions, that can distract health professionals from their medical tasks.

Lack of label is not mentioned because it would be absurd for a health care professional to even consider giving a medication without knowledge of what it is. Standards of practice for registered nurses are established through the regulatory process to assure minimum levels of performance and expectations and to assure public safety. A nurse may give a medication only after confirming the right patient, med, dose, time, route, and the correct documentation are confirmed. Institutions and agencies further design medication policies to promote safety and prevent medication errors. ***Giving medication is very serious business***. This proposed bill is inconsistent with standards of practice, creates an untenable situation for a school nurse, and jeopardizes the health and safety of vulnerable children.

Currently, I give 36 regularly scheduled medications every day. (In all the years that I did hospital and critical care pediatric nursing, I don't think I ever gave 36 meds in one day.) Of these 36 daily meds, 90 % are stimulant medications used to help counter the symptoms of ADHD. ADHD stimulants are Schedule II Controlled Substances. Controlled Substances account for a small group of very potent medications which are divided into 5 different classifications or schedules. Schedule I drugs include heroin and methamphetamine, and have no currently accepted medical use. Schedule II are most tightly controlled prescription medications that are considered to have accepted medical use and include morphine, cocaine, opium, and all of the stimulant ADHD meds.

In addition the 36 daily meds, I have another almost 100 meds available on a prn, or as needed basis, for things such as asthma, seizures, headaches, and chemotherapy side

effects. Thirteen students have EpiPens for life threatening food allergy reactions. In the past I have had up 5 diabetic students at one time - elementary aged children require constant monitoring of their blood sugars, counting of carbohydrates in everything they eat, and then determining insulin doses. Due to the chemical nature of these medications, the need for accurate interpretation and critical analysis of medical orders, the assessments and decision making that are required prior to administration, and the risk of medication error with serious consequences, it is imperative that a registered nurse oversee all medication administration and train and delegate to less skilled staff as deemed necessary and advisable.

I feel strongly that parent directives around medication without the required labeling and packaging, and allowing any school employee to follow this directive without delegation or training from the school nurse are extremely dangerous practices. Because I am a nurse and have an extensive knowledge about pediatric medications, I believe I have been able to avert potentially life threatening events that staff without medical knowledge may not have picked up on. Some examples: I often receive a baggie or an envelope containing an unknown medication with a note from a parent asking that it be given at school. With further investigation, I have found that these meds were things like narcotic pain killers or narcotic cough and cold preparations, other controlled substances, very sedating medications such as Benadryl, grandma's antidepressant, brother's antibiotics, ... Recently I had a parent who insisted that I give an afternoon dose of methylphenidate (Ritalin, which is schedule II stimulant) that was double his already ridiculously high dose. His pediatrician was appalled that the parent was requesting this high dose and absolutely would not write the order. Last year I got a bottle of baby aspirin instead of the student's prescribed medication which he received three times every day at school (aspirin are linked to a very serious condition called Reyes Syndrome and are absolutely contraindicated in children). I have received empty capsules of Adderall (another schedule II stimulant). I have received capsules in which the stimulant contents inside have been removed and replaced with unknown contents. I have also received written orders from physicians that were 10x the correct dosage.

I also feel strongly that a baccalaureate degree in nursing and a registered nurse license should be the minimum qualification for a school nurse. I support certification through a national certifying board. School nursing is a very specialized type of nursing practice. It requires a high level of autonomy and independent practice/decision making, as well as delegation and careful supervision of complicated and precise tasks and procedures. An extensive knowledge of community resources is vital. Every semester 5 UW nursing students have internships in the Madison schools, yet there has never been an MATC nursing student. School nurses are the only medically trained staff in building with many medically fragile and complicated students. The health demands in our schools have increased dramatically overtime and there are many students with unmet health care needs (physical and mental). This creates a huge barrier to learning. I think the training in a BS program best prepares the school nurse.

The AAP and NASN have the following policy statements regarding the minimal qualifications for school nurses. Policy statements are designed to educate and provide guidance on issues of high priority and they represent a consensus of many experts. When considering relevant legislation, lawmakers should be responsible for following the guiding principles from those who are the most knowledgable.

The American Academy of Pediatrics Policy statement on school nurse preparation:

> The AAP supports the goal of professional preparation for all school nurses. The National Association of School Nurses has determined that the minimum qualifications for the professional school nurse should include licensure as a registered nurse and a baccalaureate degree from an accredited college or university.6 In addition, there should be a process by which certification or licensure for the school nurse is established by the appropriate state board. The AAP recommends the use of appropriately educated and selected school nurses to facilitate and provide school health services.

The National Association of School Nurses Policy Statement:

> For nurses, the minimal level of education for preparing for preparation in independent practice, leadership/management, and community health nursing is the baccalaureate degree, and licensure as a registered nurse. In addition, certification at the state and national levels reflects more than a minimal knowledge base. As a nursing specialty, school nursing requires advanced skills that include the ability to practice independently, supervise others, and delegate care in a community health setting. (ANA, 2001).

I do not agree with every aspect of ACT 160. I would like to see more flexibility with regard to the training of school staff about medication administration, as well as the provision that all medication be provided by a parent. Allowing only parent provided medication results in the inability to administer common analgesics from stock supplies such as Tylenol or Advil. It is impossible to store and manage the many, many individual student containers, as opposed to using one large central supply which was usually donated. It also prohibited the use of several emergency treatments such as epinephrine for an allergic reaction or albuterol for an emergency asthma episode if the student/parent had not yet provided their own for various reasons.

Thank you for considering these issues as you legislate this important bill and please put the health and safety of our most valuable assets, our children, on the very top. Again, giving medication is very serious business.

Sincerely yours,

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BSN or advanced practice school nurses provide essential services to children, families, and faculty. Some services include: investigation and management of communicable diseases; provide health education (individually and within the classroom); promote health and safety; assess, identify and intervene with actual and potential health problems; provide case management services; actively collaborate with others to build student and family capacity for adaptation, self-management, and self-advocacy; assist in early intervention of physical and mental health issues; referral to primary care and assist in access to health care; the ability to serve as health program managers for large student populations; the identification and management of health emergencies; providing education and training to school faculty to manage and intervene with health emergencies within the school settings or while out on a field trip.

The BSN or advanced practice school nurse is especially critical at a time when growing numbers of children with complex health needs are mainstreamed. More and more children and families are without healthcare as programs and services are being cut. Schools provide an increasingly diverse and challenging range of health services. In addition, because schools serve large populations of children, they offer newly recognized opportunities to address a range of public health issues such as asthma surveillance, infection control, vaccine preventable disease prevention through the understanding and promotion of immunizations, and childhood obesity prevention. The BSN or advanced practice nurse is able to understand the principles of public health and evidence-based practice, as well as assessment, program planning, implementation, and evaluation. The ADN nurse does not receive this essential component within their educational curriculum, which is why it is imperative that the minimum educational preparation for school nurses remain at the baccalaureate level or higher.

As a school nurse with a master's degree, I am able to provide direct and indirect health services to the students within my school in an autonomous, confident, and competent manner. I am highly knowledgeable about the laws that protect the rights of students with disabilities and am able to advocate for them and assist in the IEP process. I train staff on how to identify and manage health emergencies and to properly administer medications within the school setting; I intervene with and manage health emergencies, I connect families to community resources, assist in enrolling families in programs such as Badger Care and other programs; I collect, assess, and manage immunization data and ensure that children are up to date to prevent the spread of vaccine preventable diseases; identify and manage communicable diseases (such as impetigo, chicken pox, pertussis, strep throat), I provide direct classroom education in the areas of hygiene, communicable disease prevention, general health and self-care, and human growth and development; I collaborate with/ provide consultation with other school professionals on acute or chronic issues with students with special needs (health/ emotional/ behavioral); I have identified cases of abuse or neglect and reported/ collaborated with county agencies to ensure the safety and wellbeing of those children.

I never would have been able to effectively manage so many diverse areas of nursing and care of the school aged child without the additional education and experience

beyond the ADN level. As a nurse who started my career as an LPN, then continued my education to the ADN level, then to a BSN, then MSN level, I can say with complete truth and confidence that I would not be able to provide the depth and level of care that I provide now within my school, without the additional education that I received. The community health curriculum (classroom and clinical) that is received at the BSN and MSN level better prepares the school nurse to care for and manage the school as a community. The understanding of research and the ability to identify and integrate evidence based practice into our everyday practice, the ability to connect with and identify essential community resources is imperative to being an effective leader within ~~my~~ the school setting.

Jeneile Luebke Cleary MS, RN
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School Nurse- Kennedy & Elvehjem Elementary Schools
Program Support Nurse- Immunizations

American Academy of Pediatrics, Committee on School Health. (2001). The role of the school nurse in providing school health services. *Pediatrics, 108*, 1231–1232.

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Why Baccalaureate-Prepared Nurses in the Schools?

The Institute of Medicine (2010) "Future of Nursing: Leading Change Advancing Health" document calls for nurses to "achieve higher levels of education" "to ensure the delivery of safe, patient-centered care". When addressing educational requirements for school nurses, we should not be looking to lower the educational level of school nurses to an associate degree RN but to require the minimum level of entry into school nursing as a bachelor's degree. As a school nurse in the Madison Metropolitan School District, I have a master's degree in pediatric nursing, pediatric nurse practitioner certification and DPI school nurse licensure. These qualifications are important to me to meet the needs of the students, parents, staff and community I work with on a daily basis. A bachelor's degree is the minimum degree required to practice in MMSD.

You make ask, "Why does the Institute of Medicine promote higher levels of education?" The reasons are clear, patients needs have become more complicated and complex and nurses need to attain necessary competencies to deliver high-quality care. Students in schools suffer from societal changes such as increased poverty and homelessness, violence and family disruption. At the same time, advances in health care and medical technology have increased the survival rates and life expectancies of children with profound disabilities and illnesses, many of whom are now in inclusive classrooms. And lastly the number of children and youth with chronic illnesses such as asthma, severe food allergies, dental decay and mental health issues continue to rise.

Here are some examples: in the Madison schools 47% of our students are on Free and Reduced Lunch, 11% have asthma, 15% increase in the number of young children with severe allergies and diabetes, 27% of students have significant dental disease, and 15 to 20% of student have mental health issues. In addition, 250,000 visits take place in school health offices and translates into 21,000 different students; 600 students receiving daily medications; 24 students receiving daily gastrostomy tube feedings (GT); 56 students receiving daily blood glucose and several other procedures.

So with that said, the competencies needed to respond to these increasing demands include skills in expanded health assessment; additional knowledge in chronic disease management, mental health, and cultural diversity; leadership and management skills; research and evidence-based practice; teamwork and collaboration, as well as competency in community and public health. These skills are minimally provided with a bachelor's degree.

Take for example a student with asthma. This student lives in a single parent home and receives Free and Reduced Lunch. The student does have BadgerCare. The school nurse who is on the school absence committee learns that Kyle has asthma, and mom has been keeping the child home. The child's mom is unreachable by phone so the school nurse makes a home visit. At the

home visit the nurse learns that the child does not have a health care provider, and so the nurse works with the mother to make an appointment with the nurse practitioner from the School Asthma Clinic. The School Asthma Clinic is a partnership/collaboration which was developed between MMSD school nurses and the UW Allergy and Asthma. Releases are signed and an asthma action plan is devised for the school. After controller medication is started in the school the child has no more absences. The school nurse continues to assess the child to see if further care is needed per his asthma action plan. (Archives Pediatric Adolescent Medicine, March 2011). This situation shares how the school nurse is not only involved in giving medication at the school but also with developing a plan using her knowledge of community partnerships, expanded assessment skills and evidenced based asthma management.

The student in kindergarten who can not learn to read because she has tooth pain. The nurse has encouraged the mother several times to get an appointment for the child but mother has been unsuccessful in locating resources. So to assist with these types of situation in the schools, the school nurses have developed a partnership with Public Health, Access Community Health Center and American Family Children's Hospital, to bring dental services to the schools. Once again the nurse uses her knowledge of public health, physical assessment and leadership to create a resource for this student and her/his family. (American Journal of Public Health February 17, 2011).

There are many other stories to tell. The students with diabetes, especially the kindergarten and first grade students, with pumps and sensors that need detailed instruction at all levels in the schools from the kitchen staff, to custodians, to teachers and to administrators. Communication and training is key with all partners – parents, school and health care provider - for the student to be a safe and successful learner at school.

In addition, we continue to see medically complicated students with G-tube feedings, respirators and other types of procedures. These students need comprehensive management. Nurses again work with the parents, the health care providers and school staff to develop health plans that need to be implemented in the classroom and else where in the school.

Nurses also provide prevention and control of communicable diseases through implementation of the immunization law and on going surveillance of school populations; coordinate and deliver health education, plan and implement screening programs; provide and direct care for students with injuries, illnesses and other health needs; manage medication administration and training, develop and implement individualized health plans for students with life-threatening conditions and significant chronic illness and much more.

Studies have also shown that having BS nurses in the schools reduced time spent on student health issues by other school staff: Having BS nurses

saved each school an average of 13 hours per day of school administrative, teaching, and clerical staff time (NASN School Nurse, March 2011).

As you see, nursing care is surprisingly intense and complex in a school. School nurses focus on identifying, removing and minimizing health barriers to learning and academic achievement. Most importantly, school nurses ensure that students are SAFE and LEARNING at school, and allow staff to spend time on their school responsibilities.

Medication Training

Training staff regarding medication is again a complex and complicated. Students in the schools are on a variety of daily medications and emergency medications. Those with emergency medications also have individualized health plans for their safety. It is unrealistic to believe that a staff member can safely medicate a student without appropriate training by a nurse. We learned in the Madison Schools that importance of training this past spring when we implemented the new training requirements. Teachers and administrators were reluctant at first to do the training, but realized the importance of safely giving medication, and thanked us for the training afterwards. Medication training needs to continue in a modified format and staff administering medication should not be exempt from civil liability. The student's safety is at stake.

Medications

The no packaging requirements for medications, the no doctor signature for prescription medications, parent's statement in writing that a medication dosage is fine for a student – and that medication and dosage can be administered at school - **are all very dangerous to the student's safety**. Having worked in the schools for 20 years, I have seen many unsafe things happen regarding medication, and a great many of these have to do with parents bringing in medication in unmarked forms. As nurses we know to check that unlabeled medication several times and ask questions, however if you are asking school staff to administer this medication without appropriate knowledge and packaging, the likelihood of errors is very large. I have seen mother's prenatal vitamins brought in as a replacement for another medication being administered in the school. I have seen asthma inhalers switched from the rescue to the controller inhaler, which could mean a life and death situation. I have seen ADHD medication replaced with a mother's antidepressant medication. These are just a few of the many errors in packaging I have seen in my own practice. This doesn't happen occasionally, it happens almost weekly in the schools. Safety is a huge issue and unless you have proper packaging and school nurses, students safety is endangered.

WASN

Wisconsin Association of School Nurses

Testimony to the Senate Committee on Health in Opposition to Senate Bill 45, Rescinding Most Provisions of 2009 Wisconsin Act 160

Ann Riojas, WASN President
April 6, 2011

On behalf of the members of the Wisconsin Association of School Nurses (WASN), I would like to express opposition to Senate Bill 45, which would rescind most of the provisions of 2009 Wisconsin Act 160. SB 45 would quickly and unnecessarily reverse course on important changes to Wisconsin law that were only recently enacted. These changes are designed to improve the health and safety of school children, which leads to successful schools.

2009 Wisconsin Act 160 (Senate Bill 414) was a proposal that the leadership of WASN invested a great deal of time and effort in developing over many years. Our goal was to ensure that school nurses receive the training they need to effectively carry out their duties, consistent with the practices that were already being employed in most Wisconsin school districts, and to modernize the school medication statute so that it can be effective at dealing with the realities of providing medications in the modern school setting.

We were delighted that the bill passed the Legislature with overwhelming bipartisan support. The legislation received nearly unanimous support in committee, and it then passed both houses of the Legislature on voice votes.

Since the law took effect, we have heard of a few concerns. One has to do with the requirement that medications be provided by the parent or guardian, another relates to the DPI-approved training for non-nursing staff, and yet another has to do with asthma inhalers/nebulizers.

We have listened to these concerns and are willing to agree to changes that address them. Please see our suggested changes below.

Going beyond these proposed changes and eliminating nearly all of the provisions of Act 160 would be a tragic mistake. We encourage you to NOT pass SB 45 in its current form, but rather adopt our suggested changes as an amendment. The health and well-being of Wisconsin's school children are in the balance.

SUGGESTED CHANGES TO CURRENT LAW:

1) Support elimination of the requirement that nonprescription drugs and prescription drugs be provided by parents. But continue the requirements that the drugs be in the original manufacturer's package and the packages must list the ingredients and recommended dosage in a

legible format. This ensures the safety of medications being provided to school children. Also, in the case of prescription drugs, update the law and make it consistent with current practice by including "prescriber" labeled packaging.

The changes to the affected statutes would be as follows:

118.29(2)(a)1.a. Except as provided in subd. 1.b., may administer any nonprescription drug product to a pupil in compliance with the written instructions of the pupil's parent or guardian if the pupil's parent or guardian consents in writing, the nonprescription drug product is ~~supplied by the pupil's parent or guardian~~ in the original manufacturer's package, and the package lists the ingredients and recommended therapeutic dose in a legible format.

118.29(2)(a)2. May administer a prescription drug to a pupil in compliance with the written instructions of a practitioner if the pupil's parent or guardian consents in writing; the prescription drug is ~~supplied by the pupil's parent or guardian~~ in the original pharmacy- or prescriber-labeled package; and the package specifies the name of the pupil, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format.

2) Support changes to the medication training requirements so that only personnel who administer medications on a daily basis are required to take the full DPI-approved training. Allow for shorter, as-needed training for personnel doing things like field trips.

Also, work with DPI to ensure the DPI-approved training, whether it is directly through DPI or from another source, is more user-friendly for both school district administrators and staff. One possible change would be that Knowledge training be provided every four years, while Skill Competency be provided yearly for those employees who administer medications on a daily basis. The health and safety of Wisconsin school children is in the balance.

The new statutory language could read:

118.29(6) TRAINING. Notwithstanding sub. (2)(a)1.to2r., no school bus driver, employee, or volunteer may administer a nonprescription drug product or prescription drug under sub. (2)(a)1. Or 2., use an epinephrine auto-injector under sub. (2)(a)2m., or administer glucagon under sub. (2)(a)2r. unless he or she has received training, approved by the department, in administering nonprescription drug products and prescription drugs. Shorter as-needed training, consistent with guidelines provided by the department, can be provided to those in the categories above who do not administer nonprescription drug products or drugs on a daily basis but may need to in discrete, temporary situations.

3) Support the addition of another exception to the prescription drug restrictions for asthma inhalers/nebulizers. This would be added to existing exceptions for epinephrine and glucagon.

The new statutory language could read:

118.28(2)(2s) Except for medications via an inhaler or nebulization to known students with asthma experiencing symptoms of an acute asthma attack. Parents or guardians and medical providers should be notified, as soon as practicable, regarding the use of medication and the response to intervention.

WASN OPPOSES OTHER CHANGES PROPOSED IN SENATE BILL 45:

1) BSN standard should be retained: The legislation proposes to go back to the old statutory authorization for definition of school nurse under 115.001(11). The new statutory language, as created by 2009 Act 160, has allowed DPI to define school nurse as having a Bachelor of Science

in Nursing (BSN) through administrative rule. The new rule was approved by the Legislature. Creating the BSN definition through rule, as opposed to directly in statute, was a compromise agreed to by representatives of the tech colleges during the last legislative session. Act 160 passed both houses of the Legislature with nearly unanimous bipartisan support. Some 93% of Wisconsin school nurses had a BSN when the rule went into effect and those without BSNs have been grandfathered in. As a health care provider in an independent leadership role, a school nurse should only be called a school nurse if she/he has the community and public health training that comes with the BSN. This training cannot realistically be provided in a two-year program.

2) New definitions of "Drug," "Drug product," and "Nonprescription drug product" should be preserved: We should not go back to the old, looser definition of "drug" and the definitions of "Drug product" and "Nonprescription drug product" should not be eliminated. These changes were made as part of Act 160 in order to ensure the safety of medications being provided to school children. Only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, should be administered in the school setting. Under the old law, parents and guardians would bring in baggies of substances that could arguably be defined as drugs and demand that they be provided to their children at whatever dosage levels they wanted. This created potentially dangerous situations.

3) Administration of nonprescription drugs at dosages greater than the recommended therapeutic dosages should not be allowed: Section 118.29(2)(a)1.b. of the statutes should not be eliminated. It states that dosages greater than the recommended therapeutic dosages can only be provided with written approval of the pupil's practitioner. As noted above, under the old law, school nurses and staff were often put in situations where parents would bring in medications and demand that their children be given doses greater than the recommended therapeutic doses. It would be unwise to go back to those days.

4) Link between training and the civil liability exemption should be retained: Section 118.29(2)3. should not be amended to eliminate the link between the civil liability exemption and medication training requirements. As noted above, we are proposing changes to the training law and rules to address concerns raised by school administrators, school boards and others. This is a matter of safety for school children.

5) All of the changes to written policies (not just the documentation of doses, including errors) should be retained: These new policies are designed to ensure the health and safety of children. One of the changes was to make sure that school nurses, as opposed to "health care professionals," are reviewing the policies. In the statute, the definition of health care professional includes Emergency Medical Technicians and First Responders, who are not in any way prepared to review the policies.

WASN

Wisconsin Association of School Nurses

WASN Positions on Possible Changes to 2009 Wisconsin Act 160

CHANGES TO CURRENT LAW THAT WASN CAN SUPPORT

1) Support elimination of the requirement that nonprescription drugs and prescription drugs be provided by parents. But continue the requirements that the drugs be in the original manufacturer's package and the packages must list the ingredients and recommended dosage in a legible format. This ensures the safety of medications being provided to school children. Also, in the case of prescription drugs, update the law and make it consistent with current practice by including "prescriber" labeled packaging.

The changes to the affected statutes would be as follows:

118.29(2)(a)1.a. Except as provided in subd. 1.b., may administer any nonprescription drug product to a pupil in compliance with the written instructions of the pupil's parent or guardian if the pupil's parent or guardian consents in writing, the nonprescription drug product is ~~supplied by the pupil's parent or guardian~~ in the original manufacturer's package, and the package lists the ingredients and recommended therapeutic dose in a legible format.

118.29(2)(a)2. May administer a prescription drug to a pupil in compliance with the written instructions of a practitioner if the pupil's parent or guardian consents in writing; the prescription drug is ~~supplied by the pupil's parent or guardian~~ in the original pharmacy- or prescriber-labeled package; and the package specifies the name of the pupil, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format.

2) Support changes to the medication training requirements so that only personnel who administer medications on a daily basis are required to take the full DPI-approved training. Allow for shorter, as-needed training for personnel doing things like field trips.

Also, work with DPI to ensure the DPI-approved training, whether it is directly through DPI or from another source, is more user-friendly for both school district administrators and staff. One possible change would be that Knowledge training be provided every four years, while Skill Competency be provided yearly for those employees who administer medications on a daily basis. The health and safety of Wisconsin school children is in the balance.

The new statutory language could read:

118.29(6) TRAINING. Notwithstanding sub. (2)(a)1.to2r., no school bus driver, employee, or volunteer may administer a nonprescription drug product or prescription drug under sub. (2)(a)1. Or 2., use an epinephrine auto-injector under sub. (2)(a)2m., or administer glucagon under sub. (2)(a)2r. unless he or she has received training, approved by the department, in administering nonprescription drug products and prescription drugs. Shorter as-needed training, consistent with guidelines provided by the department, can be provided to those in the categories above who do not administer nonprescription drug products or drugs on a daily basis but may need to in discrete, temporary situations.

P.O. Box 2173, Madison, Wisconsin 53701-2173

3) Support the addition of another exception to the prescription drug restrictions for asthma inhalers/nebulizers. This would be added to existing exceptions for epinephrine and glucagon.

The new statutory language could read:

118.28(2)(2s) Except for medications via an inhaler or nebulization to known students with asthma experiencing symptoms of an acute asthma attack. Parents or guardians and medical providers should be notified, as soon as practicable, regarding the use of medication and the response to intervention.

WASN POSITION ON OTHER PROVISIONS PROPOSED IN LRB-1536/2

1) BSN standard should be retained: The legislation proposes to go back to the old statutory authorization for definition of school nurse under 115.001(11). The new statutory language, as created by 2009 Act 160, has allowed DPI to define school nurse as having a Bachelor of Science in Nursing (BSN) through administrative rule. The new rule was approved by the Legislature. Creating the BSN definition through rule, as opposed to directly in statute, was a compromise agreed to by representatives of the tech colleges during the last legislative session. Act 160 passed both houses of the Legislature with nearly unanimous bipartisan support. Some 93% of Wisconsin school nurses had a BSN when the rule went into effect and those without BSNs have been grandfathered in. As a health care provider in an independent leadership role, a school nurse should only be called a school nurse if she/he has the community and public health training that comes with the BSN. This training cannot realistically be provided in a two-year program.

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4) Link between training and the civil liability exemption should be retained: Section 118.29(2)3. should not be amended to eliminate the link between the civil liability exemption and medication training requirements. As noted above, we are proposing changes to the training law and rules to address concerns raised by school administrators, school boards and others. This is a matter of safety for school children.

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From: Deb (dmeinke) [mailto:dmeinke@mayville.k12.wi.us]
Sent: Friday, April 01, 2011 10:36 AM
To: Sen.Vukmir; Sen.Olsen; Sen.Fitzgerald
Subject: Regarding public hearing on Senate bill 45

Hello,
My name is Debra Meinke and I am a school nurse. I have worked with or in the public schools since 1990. I am writing in regards to Senate Bill 45, which appeals portions of Act 160 and further changes 118.29. I have concerns related to licensing and safety issues that are affected by this proposed legislation. I am unable to be at the public hearing on April 6th so it is my hope that my concerns are registered.

First, in regard to the appeal of the requirement for school nurses to have a minimum of a BS degree to practice as a school nurse. I am for this requirement and and I do not see this stand as being an effort to negate any skills or proficiency of the 2 or 3 year prepared RN. The additional course work required for preparation of a BSN nurse includes instruction and clinical experience in public/community nursing (including school nursing) and leadership. School nurses are independent in the work environment, meaning that we do not have a hierarchy of nursing staff and physicians within our work setting to direct and advise our actions. In addition, while it is true that all registered nurses take the same test prior to being licensed, the test does not address public/community or leadership content areas.

In regard to the appeal of the medication administration law, I am concerned that Senate Law 45, as it reads, sends us backwards in the efforts to keep our students safe and 'to do no harm'. Schools do not have full-time school nurses. With budget constraints, nursing time is being cut in many districts. So, with greater frequency, lay people are being asked to administer medications and complete delegated nursing procedures in the nurses absence. Would you, as a parent know that acetaminophen 500 mg, 2 tablets, is a toxic dose for an 8 year olds liver?
Many parents don't, but this bill would allow non-trained, non-licensed staff to follow a parent's instructions to give such a dose. There are reasons why the manufacturer has to list recommended dosages and frequency on over-the-counter medications. There is a reason that the FDA approves medications for use by prescription or over-the-counter (OTC) medications.

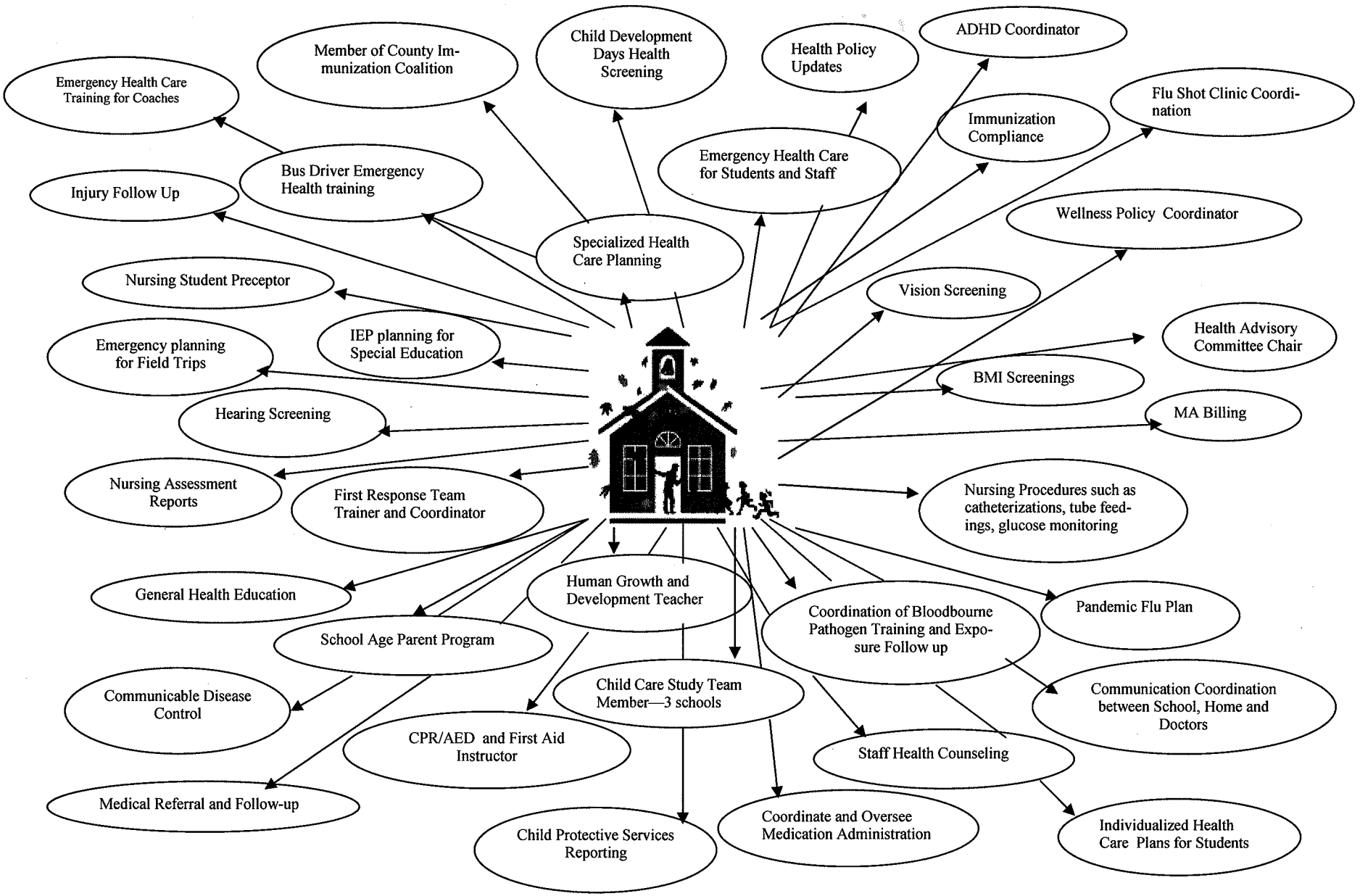
I may understand the reasoning behind this move to appeal ACT 160. Politically it was passed under a democrat majority. School district administrators have voiced frustration with the need to provide the training and the time involved (they have other things that they feel are more important and it is a tough job). But, I urge you not to go backwards. I urge you not to pass something without really talking to school nurses so that you understand the medication administration law, understand what happens in school, listen to our anecdotes of what we see. Only then do I think that you can fully understand our concerns. I invite you to spend a day in a local school with the nurse. I have invited my representatives; I am sad to say that to date, no one has accepted.

Thank you for allowing me the opportunity to voice my concerns. If you have any questions, please feel free to contact me. My home phone is : (920) 885-5365.

Sincerely,

Debra Meinke, BSN, RN

How Does Your School Nurse Spend His/Her Day?



School Nurse

- Initiated in public health department – lots of public health nursing involved in school nursing – minimal Bachelor required for public health nursing.
- Member of Pupil Services Team – guidance counselors, psychologists, social workers & school nurses – all require Bachelors.
- Differentiate health aide/clerk/secretary and school nurse. – It's a different job

Health Aide/Secretary/Parent Volunteer	School Nurse
Under supervision of a nurse	Able to perform all tasks of a health aide and coordinate health care services within a district. Independent practice
Works in one building	Works in an entire school district.
Some medical experience preferred but can staff/RN can train on the job. Prefer EMT, LPN, Associate RN, CPR/First Aid certification, experience with first aid.	Requires in-depth nursing education, public health & community health experiences, research, ability to write nursing care plans, ability to prioritize and organize, ability to triage – all provided within scope of BSN.
Manages day-to-day first aid of students/staff in a building.	Manages the short & long-term health conditions of students/ staff in a school district.
Initiates & cares for emergency health situations that arise in a building.	Develops policies, procedures & protocols for emergency response in the district. Trains staff for emergency procedures. Provides care in any emergency situations.
Provides the daily medication to students and completes the daily log.	Develops policies & procedures for the district for medication administration.
Inputs immunization information for a building.	Coordinates immunization program for a district.
Assists with screenings	Coordinates, compiles data, and reports data to parents for district screenings. Compiles EOY report.
Eyes & ears for nurse	Develops & case manages health related: 504, health plans, and emergency plans.
Works with regular ed & sometimes special ed students	Works with regular, special ed, & at-risk students. Also students with mental health, physical, or emotional/behavioral concerns.
Not on any district committees	Committees: Pupil Services, Safety, Physical Activity & Nutrition, Wellness, ATOD, At-Risk.
Reports medical concerns to parents,	Liaison between school, home, medical

unable to write health, emergency & 504 plans.	community, public health department, mental health facilities, and police. BSN clinical experiences provide experience in this.
No research	Trained in BSN to do research.
No experience with medical community	Trained to work with a variety of medical specialists, pediatricians, internists, speech pathologists, physical therapists, occupational therapists, etc. – BSN education provides all of this.

- DPI approved medication administration parameters and training guidelines provide safety measures for staff/health aides to follow for administering medication within a school. Removal of these is similar to removing all STOP signs or traffic lights in Madison. Removal of speed limits on a freeway. Removal of the legal drinking age – why can't anyone – anywhere drink alcohol? Then a parent could say it is okay for their child to legally drink alcohol.

- Emergency Nursing Services Standard G PI 8.01 – helps school districts keep students and staff safe during the school day. It sets clear parameters for school nurses and districts to follow.

- Schools do lock-down drills now and fire drills to help teach students how to keep safe. Why do YOU want to compromise the health and safety of the students within the schools by removing the medication administration safety parameters?

- A medication error can hurt and potentially kill a student. A missed medication dose may cause serious harm to a student. Giving the wrong dosage can poison a child. Giving the wrong medication to the wrong child can harm or kill them.

- Removal of packaging requirements for prescription and nonprescription medication will cause schools to get pills in baggies with no directions. How does the lay person know what they are administering? What if the parent put the wrong medication in the baggie? No one would know until the child is compromised.

- What if a parent allows a high school student to take a medication they are addicted too and sends it in a baggie stating it is something else? Do you really want children carrying Adderall in a baggie to school where someone could take it and sell it?

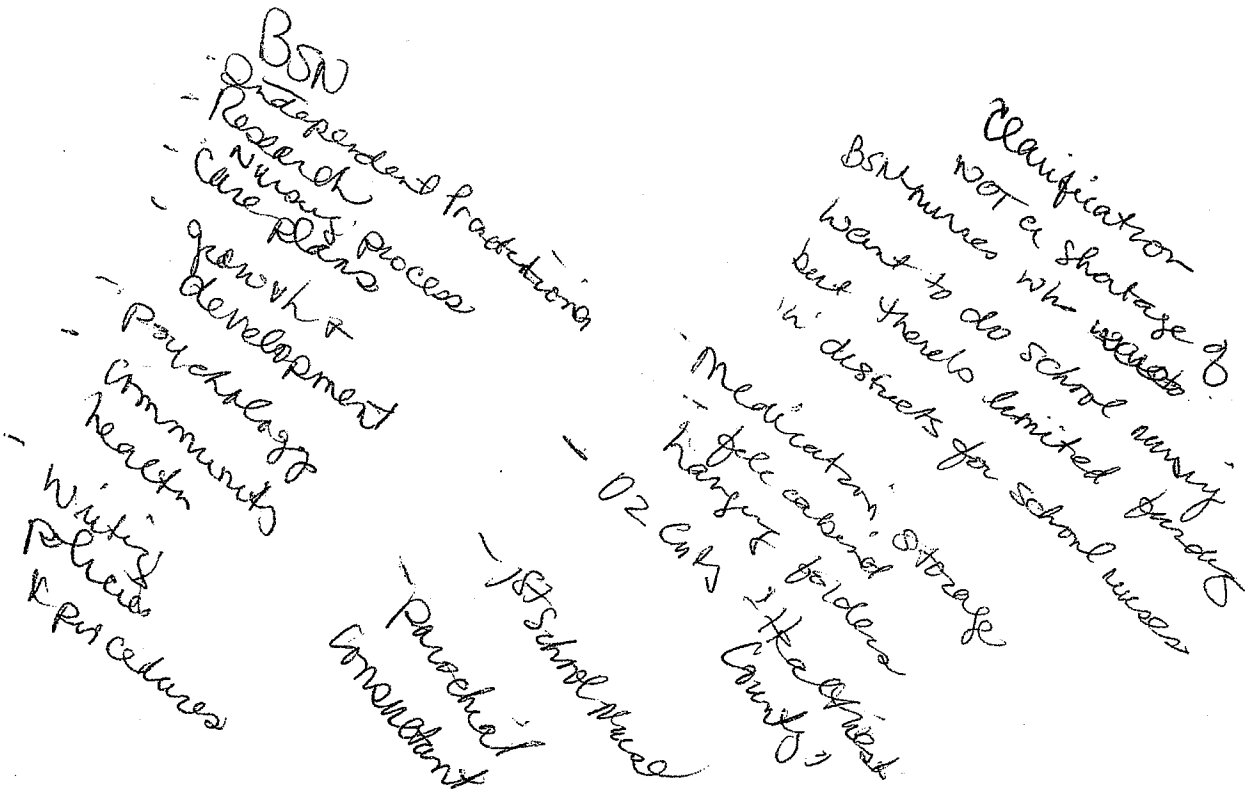
- Medication administration parameters keep students and staff SAFE. Isn't that what everyone wants within a school.

- School nurses keep students and staff safe, healthy, and in school.

Emergency Nursing Services
Standard G (Administrative Code)
PI 8.01

Each school district board shall provide emergency nursing services under a written policy adopted and implemented by the school district board which meets all of the following requirements.

1. The emergency nursing policies shall be developed by professional nurse or nurses registered in Wisconsin in cooperation with other school district personnel and representatives from community health agencies and services as may be designated by the board.
2. Policies for emergency nursing services shall include protocols for dealing with pupil accidental injury, illness and administration of medication at all school-sponsored activities, including, but not limited to, curricular, co-curricular and extra-curricular activities and method to record each incident of service.
3. Arrangements shall be made with a licensed physician to serve as medical advisor for the emergency nursing service.
4. The emergency nursing services shall be available during the regular school day and during all school-sponsored activities of pupils.
5. Pupil emergency information cards, equipment, supplies and space for the emergency nursing services shall be appropriate and readily accessible.
6. A review and evaluation by the school board shall be made of the emergency nursing services program at least annually.



Are school nurses disappearing?

(Parenting.com) -- The tragedy unfolded with startling speed.

Ten-year-old Mercedes Mears arrived at Clover Creek Elementary School, in Tacoma, Washington, short of breath. Her sister ran into the office to get help. According to later accounts, Mercedes was in a panic.

The school knew she was both asthmatic and suffered from food allergies -- a plan detailing emergency treatment was on hand, as was a supply of her asthma medication and an allergy autoinjector, which would deliver a shot of epinephrine to relax the muscles of the airways. The plan had been signed by the school nurse. But the nurse came to Clover Creek only a few days a week -- and that day wasn't one of them.

Filling in was a "health clerk," a former lunch server and playground supervisor with no formal medical training. When Mercedes collapsed to the floor, the school staff called the paramedics, but no one gave her an injection, nor did they attempt any form of CPR or mouth-to-mouth resuscitation. When paramedics arrived, six minutes later, Mercedes was in full cardiac arrest and she died of an acute asthma attack.

Mercedes' parents have filed a lawsuit against the school district, and the case is scheduled to go to trial in June. "The important thing here is that Mercedes wasn't a kid they didn't know about. She had a health plan in place that authorized the school to give her medication when she couldn't breathe," notes Thaddeus Martin, the attorney representing the Mears family. Might things have gone differently that day if the school had had a registered nurse on duty?

Paging 'Nurse Anyone'

From skinned knees to serious allergic reactions, school nurses play a critical role in our education system. Yet less than half of the public schools in the U.S. today have a full-time nurse on staff, posing a real threat to the health and well-being of our children.

That's a question every parent should ask, for today a missing school nurse isn't the exception but the rule. According to the National Association of School Nurses, only 45 percent of the nation's public schools have a full-time on-site nurse. Thirty percent have one who works part-time -- often dividing her hours between multiple school buildings -- and a full 25 percent have no nurse at all. The implications are sobering. Having no school nurse can mean that kids who have or develop a serious health problem may not receive immediate diagnosis or treatment. Those who depend on daily medications may receive them from staff who have no medical training. Physical or emotional problems may go unnoticed. Healthy kids may miss out on lessons in hygiene and nutrition. Everyone loses.

Why Kids Get Sicker at Night

There's no shortage of people willing to do the job, says Sandi Delack, president of NASN; the issue is funding. Districts everywhere are under pressure to raise academic test scores, and to do so with ever-shrinking budgets. When inevitable cuts come, the first to go are programs not required by law. And, strikingly, very few states mandate that a nurse be in every school; individual districts decide if it's a priority.

Children come to school today with health-care needs that go far beyond bandaging a skinned knee. More than 300,000 school-age children have epilepsy. About 4.5 million have ADHD. Some 15,000 kids learn they have Type 1 diabetes each year Three million suffer from food allergies, and 9 million haveasthma.

Add to this equation the children whose families don't have adequate health care and may come to school with problems such as untreated ear infections, along with a constant parade of youngsters suffering from scrapes, falls, and upset stomachs. "There's a line of kids outside the health office before the school day even begins," says Patricia Gomes, R.N., who coordinates health programs for the Central Unified School District, in Fresno, California.

So Big! What Kids' Growth Charts Don't Tell You

Yet in many locations, registered nurses must divide their time between school buildings that are miles apart, talking to one office while in

another, figuring out which crisis is the most serious. Meanwhile, teachers, school secretaries, and health aides must step in to fill the gap, and the potential for mistakes increases. An anonymous survey conducted at a California School Nurses Organization conference asked members to describe medication errors made by health "aides." One nurse wrote about a student who'd died after having a seizure and hitting his head when he was home alone. She later checked his school medication card and saw that in the weeks prior, he'd missed nearly half his regular doses of medication because office staff hadn't called him in to take it.

Another incident involved an aide who didn't insist a child wash his hands before diabetes testing, which resulted in an abnormally high blood-sugar reading because there was jelly on the tested finger, and the calculated amount of insulin was too much. Even a seemingly routine problem may require skilled evaluation, says Gomes. "We see a lot of kids who've fallen and hit their heads. You have to know when a bump's just a bump and when it may be a critical injury."

Ahead of the curve

In April 2009 H1N1 flu made it clear that school nurses are also vital front-line defense during epidemics: It was a call to the New York City Department of Health from Mary Pappas, an experienced high school nurse who was alarmed by the number of sick students she was seeing, that alerted authorities that H1N1 had arrived. Nurses are also more likely than untrained staff to know when kids don't need to be sent home. A study published in The Journal of School Nursing found that only 5 percent of kids coming sick or injured to the health office were sent home when evaluated by a school nurse, while untrained staff sent home 18 percent. Indeed, when a nurse position was cut at the Davis-Emerson Middle School, in Tuscaloosa, Alabama, the attendance rate declined -- instead of students with problems getting help and going back to class, they were going home, showing up late, or just not coming to school at all.

Finally, schools with nurses can help keep kids well. Nurses who have time to pay individual attention to children can recognize early signs of trouble, whether it's depression, drug use, or trouble at home or school. Nurses offer vision and hearing screening exams, teach kids to wash their hands properly, and give guidance in nutrition -- no small thing at a time when 17 percent of U.S. children ages 2 to 19 are obese.

When to Test for ADHD

What you can do to help

The first steps: Determine where your state stands in terms of nurse-to-student ratio on the NASN website. Then make calls closer to home. "Don't assume the person sitting in your local school's health room is a licensed registered nurse," says NASN president Delack. "Find out if she is. And if not, ask why not." Join other concerned parents to bring up the problem at district budgeting meetings.

Find this article at:
http://www.cnn.com/2011/HEALTH/04/04/school.nurse.shortage.parenting/index.html?hpt=Sbin

☐ Check the box to include the list of links referenced in the article.

WISCONSIN ASSOCIATION OF SCHOOL BOARDS

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Fax: 608-257-8386 • Web Site: www.wasb.org

John H. Ashley, Executive Director

TO: Members, Senate Committee on Health
FROM: Dan Rossmiller, Government Relations Director
DATE: April 6, 2011
RE: **Senate Bill 45**, relating to: administration of medication to pupils

Wisconsin Association of School Boards supports taking a fresh look at the changes to the law governing the administration of medication to pupils made by 2009 Wisconsin Act 109. Among these changes were:

- new definitions of "drug," drug product," and "nonprescription drug product;"
- new conditions on when a nonprescription drug product may be administered to a pupil, including that the nonprescription drug product must be supplied by the pupil's parent or guardian in the manufacturer's package and that the package must list the ingredients and recommended therapeutic dose in a legible format;
- a new condition that none of the school personnel authorized under law to administer medications to a pupil may administer either prescription and nonprescription drugs to a pupil unless that person has received appropriate training that has been approved by the Department of Public Instruction (DPI);
- new provisions that the person administering a drug (either a prescription drug or a nonprescription drug product) to a pupil is not immune from civil liability if he or she has not received DPI-approved training, and that the principal or other school administrator is not immune from liability if he or she authorizes a person who has not received DPI-approved training to administer a drug to a pupil.

2009 Wisconsin Act 109 also required the DPI to promulgate rules to specify the training requirements as well as what components locally-developed training programs would have to include in order to be approved by the DPI.

The WASB became aware of issues surrounding the training requirements last fall when districts complained about that complying with the emergency rules developed by the department was both cumbersome and time-consuming.

Specifically, school districts found themselves in the situation where they believed they need to have at least one person in each school building who was trained in all aspects of administering medication to provide a back-up in case the person primarily responsible for administering medication was unavailable. Without the training, this back-up person and the person assigning the back-up person to administer medications could face liability.

School districts reported to the WASB that typically the persons designated to be this back-up and receive the training was the school secretary, someone who typically has no medical background. One complaint was that was taking school secretaries much longer to complete the training than DPI suggested it would. Another was that this training imposed an unfunded mandate on school districts since under collective bargaining agreements teachers and staff had to be compensated for the time they spent taking the required training.

A bigger concern, however, relates to the purpose for which the administration of medication statute was first enacted. That is, to ensure that students who need medication can receive them when they are in school. If a school found itself in a situation where there was nobody present on staff who had received the DPI-approved training due, for example, to staff illness or students being away from the school building (such as on a field trip), the school would face the dilemma that either someone would provide medication and risk potential liability or decide not to provide medication. Obviously, the latter choice would defeat the purpose for which the administration of medication statute was enacted—to ensure that pupils who need medication can receive that needed medication when they are at school.

Finally, less than a month before the March 1, 2011 effective date for all these changes drew near, the permanent DPI rules were not yet in place and significant questions were being raised.

School district health officials were raising concerns about the requirement that nonprescription medications must be provided by parents or guardians and must remain in the original packaging in order to be given to pupils. Under this requirement, a high school with 1,000 students might potentially have to keep track of 400 separate bottles of Ibuprofen or aspirin. School nurses could no longer dispense such common over-the-counter medications from a single stock bottle.

Concerns were raised that the rules as proposed would forbid the use of a common inhaled drug therapy—a nebulizer—to treat sudden asthma attacks if the students did not have their parent provided medication at hand. Concerns were also expressed that the rules would require them to switch to a more expensive delivery device for the drug epinephrine, used to treat severe allergic reactions.

As we looked into these concerns, we found that some related to the rules, but mostly the root of the concerns was with the language of 2009 Wisconsin Act 160 itself. In other words, in many cases it was the language of the law rather than the rules that was at the root of the concerns.

The WASB and others took these concerns to the chairs of the Senate and Assembly Education committees, Senator Luther Olsen and Representative Steve Kestell. They determined that the best approach to resolving these concerns was to introduce legislation to allow the Legislature to take a fresh look at the provisions that were passed last session and authored the bill that is before you this morning.

The WASB supports taking a fresh look at these provisions and determining how best to structure the law in this area. The Senate Health Committee is a good place to begin this work. As you do so, the WASB urges you to keep in mind the central purpose of the administration of medication law; that is, to ensure that pupils who need to receive medications while they are in school can receive those medications and to structure the law in such a way that adults in schools are able to continue to do what is in the best interests of pupils.

Thank you for your time.

Children's Hospital and Health System™

PO Box 1997
Milwaukee, WI 53201-1997
Phone (414) 266-2000
www.chw.org

TO: Members of the Senate Committee on Health
FROM: Michelle Mettner, Vice President Government Relations & Advocacy
Children's Hospital & Health System
DATE: April 6, 2011
RE: **Support for key provisions in SB45**

Members of the Committee thank you for the opportunity to share with you Children's Hospital & Health System's (CHHS) position on SB45.

Children's Hospital of Wisconsin is the only hospital in Wisconsin dedicated solely to the care and treatment of children and one of the nation's top pediatric facilities. Founded in 1894, Children's Hospital serves children with all types of illnesses, injuries, birth defects and other disorders. Children's Hospital is a major teaching affiliate of the Medical College of Wisconsin and is affiliated with several schools of nursing.

In spring 1997, Children's Hospital and Health System was approached by Milwaukee Public Schools with the idea of opening up a School Health Services Program in some of Milwaukee's central city schools. Today, there are 20 registered nurses covering 42 schools. There also is a site located in the Next Door Foundation, 2545 N. 29th St. The goal of the School Health Services Program is twofold: to attend to the community's health needs and to educate children and families about preventive care.

All of the registered nurses working at the School Health Services Program are trained in disease prevention. In addition to treating children's illnesses, they are teaching preventive strategies, such as vision and hearing screenings.

CHHS supports several key provisions in SB45:

1. **CHHS supports the provisions in SB45 which restore the ability of school nurses to provide children with nonprescription medication**

During the 2010 school year we provided over the counter medications to 9,682 students in school, many of whom would not otherwise have had access to medications. Of these students, 3510 had complaints of either a headache or stomachache and by providing proper pain relief we a) allowed them remain in school for the day; and b) allowed their parent/guardian to remain at work for the day. Many of these students would not otherwise have had access to medication.

In addition, school nurses provide access to health care through the administration of over-the-counter medications. This is a provision of direct care. Direct care to students (through OTC medication administration) not only provides a health service, it promotes a positive relationship between parents and the school nurse.

It allows parents to know that the school nurse is actively working to assist them in the care of their child. This encourages the parent to trust the school nurse and follow his/her health care recommendations.

Finally, being able to provide over-the-counter medications to the student can decrease emergency room visits. In the population we serve, many parents feel the only access they have to care and medications is the emergency room. When school nurses provide symptomatic relief through the administration of nonprescription medication, parents may not feel the urgency to rush to the school and then take their child to the ER.

It is proven that people will positively respond to what they know helps them. Parents of students we have cared for have responded more favorably when we have been able to provide direct care. They will call and ask questions, etc. This is a show of trust, which is invaluable in affecting change.

2. **CHHS supports the provisions in SB45 which remove statutory required training for non-licensed staff**

Although we are in favor of non-licensed staff having proper training before administering medication to students, we do not feel it needs to be a state mandate.

3. **CHHS supports the provisions in SB 45 which remove statutory requirement for school nurse to have a BSN**

Although we agree that in most cases a BSN best prepares a nurse to handle the independent thinking and decision making that the role of school nurse requires, there are circumstances in which a nurse without a BSN is fully qualified for the school nurse role. In fact as the employer of several school nurses, CHHS opted to modify the requirement for our school nurses from having a BSN to being enrolled in a Baccalaureate program and completing it within 5 years of hire. The change allowed for the hiring of a number of very qualified ADNs.

4. **CHHS supports current law and recommends amending SB45 to maintain requirements regarding prescription medications**

CHHS does not support of the elimination of packing requirements for prescription medications. Without the requirement to have prescription medication provided in the original pharmacy packaging with proper labeling, student safety may be impeded. Schools would be faced with students bringing prescription medications to school in unlabeled containers and would have no way of knowing that it was the proper medication, proper does, or that it is for the proper child

Wisconsin Council of Religious & Independent Schools

"Committed to a Higher Standard"

To: Wisconsin Legislature
From: Matt Kussow, Executive Director
RE: Repeal of Act 160
Date: February 14, 2011

On March 1, 2011, all schools, public and private, are required to comply with the requirements of 2009 Act 160, a new, costly mandate which requires schools to certify any staff member engaged in the distribution of simple medications to students.

Current law already required school staff to receive an annual training course to meet the needs of their students. Act 160 added a second requirement, forcing a significant number of employees to complete on-line training courses and biennial certification to distribute medications such as cough drops and aspirin. The requirement has placed a sense of legal uncertainly in the minds of every-day people.

In addition, the mandate places an unnecessary level of regulation on private entities. Schools have developed sophisticated medication policies to meet the medical needs of their students in the past. Act 160 replaces such policies with a state mandated system.

WCRIS asks the Wisconsin Legislature to eliminate this mandate. As private schools, we are 100% capable of meeting the medical needs of our students without state regulation in this area.

It is important the legislature acts quickly. As stated, this mandate goes into effect on March 1, forcing schools to change their policies for the last three months of the current term.

Thank you for your consideration of our request. Please feel free to contact me if you have any questions or concerns.

WISCONSIN FAMILY TIES

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April 4, 2011

Senate Committee on Health
c/o The Honorable Leah Vukmir, Chairperson
PO Box 7882
Madison, WI 53707-7882

Dear Madam Chairperson / Committee members:

Senate Bill 45 modifies current law related to administration of medication in schools. Wisconsin Family Ties is concerned about the safety of some provisions in the bill.

SB 45 would repeal the requirements under current law that prescription medication be provided by the pupil's parent or guardian in the original, pharmacy-labeled package, with the label specifying the pupil's name, prescriber's name, name of the drug, dose, effective date, and directions for administration.

In our opinion, not requiring prescription medications in original pharmacy containers with labels documenting physicians' orders leaves too much room for error. Many prescription medications look similar and have unfamiliar and/or similar-sounding names. In 2008, 3,170 medication pairs were listed in U.S. Pharmacopoeia's MEDMARX report as having similar sounding names to other medications. According to data published recently in The Journal of Pain, when two medications have similar sounding names hospitals are more likely to make a prescription error. If medical professionals in hospitals have this difficulty, certainly lesser-trained staff in schools, further challenged with non-standard packaging / labeling, would be at much higher risk of making an error.

Maintaining the requirements under current law and enacted by Act 160 for administration of prescription medications would not result in undue financial burden on local schools. All of the schools with which we checked already have internal policies consistent with using original, pharmacy packaging / labeling for prescription medications. Wisconsin Family Ties believes it is appropriate to codify this existing practice standard in statute to ensure the safety of all students.

SB 45 also eliminates the requirement under current law that nonprescription medication be provided by a parent or guardian in the original, sealed manufacturer's package. Wisconsin Family Ties recognizes that the current statute presents many challenges to schools for common, over-the-counter (OTC) pain medications such as aspirin, ibuprofen and acetaminophen, as well as common antacids such as Tums. Therefore, we are in support of

modifying the requirements for these specific OTC medications alone. We believe that other OTC drugs should be provided by the parent or guardian.

However, we would posit that an additional protocol be established to ensure safety when administering common, OTC pain medications, especially acetaminophen. Overdose of acetaminophen can cause serious liver damage. The FDA instructs individuals to, "Never take more than one medicine that contains acetaminophen. Check the active ingredients of all your medicines to make sure you are taking no more than one medicine containing acetaminophen at a time." Numerous prescription and OTC medications contain acetaminophen. Therefore, we believe it prudent that acetaminophen be administered only with discrete parental consent and after ensuring that no other medications containing acetaminophen have been administered within the manufacturer's recommended time between dose requirements.

Further, SB 45 modifies section 118.29 (5) to state, "No employee except a health care professional may be required to administer a drug or prescription drug to a pupil under this section by any means other than ingestion." We believe a safer version of this provision would be, "No employee except a health care professional may ~~be required to~~ administer a drug or prescription drug to a pupil under this section by any means other than oral ingestion, except under the immediate direction of a qualified health care professional and only in an emergency situation."

In conclusion, we believe the medication administration provisions proposed in SB 45 are dangerous, do not comply with standard medical protocol and have the potential for significant error. We urge the committee to amend the bill to address the issues identified in this letter.

Sincerely,

Hugh J. Davis
Executive Director

WISCONSIN CATHOLIC CONFERENCE

TO: Senator Leah Vukmir, Chair
Members, Senate Committee on Health

FROM: Kim Wadas, Associate Director

DATE: April 6, 2010

RE: Senate Bill 45, Administration of Drugs to Pupils

The Wisconsin Catholic Conference appreciates the opportunity to provide testimony on this legislation and urges you to support Senate Bill 45.

Under 2009 Wisconsin Act 160, several new provisions were enacted regarding the administration of drugs to pupils in both public and private schools. Under Act 160, the Department of Public Instruction (DPI) is required to approve training for the administration of drugs and drug products to pupils.

The Wisconsin Catholic Conference (WCC) supports the laudable goal of insuring pupil safety by promoting modernized standards of medication administration in schools. Catholic schools recognize that with the advance of modern medicine, more pupils require specialized medical attention, especially as relates to the administration of certain medications, and school administration will continue to educate staff on changes in practice as they arise.

However, many private and public schools do not have the resources to maintain a full-time school nurse who is readily available to assist all student health needs in every grade throughout the day. Instead, Catholic schools often work with the parents, pupil, and the treating physician or other health care provider to ensure that the proper administration of drugs and treatment are provided for a pupil during school activities.

While the intention of Act 160 is laudable, the implementation has been difficult. In the Archdiocese of Milwaukee, for example, Catholic Mutual of Omaha Insurance aided the Archdiocese by sending two of their corporate nurses to train Archdiocesan school staff on drug administration skills. This proved necessary as few local medical providers would provide skills training approval as required under Act 160. Many health professionals expressed concern over hazarding personal liability by randomly and voluntarily approving skills training for school staff.

Senate Bill 45 removes many of the barriers schools have recently experienced in maintaining proper drug administration training and the WCC urges your support for this legislation.

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